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TRANSMITTAL FORM

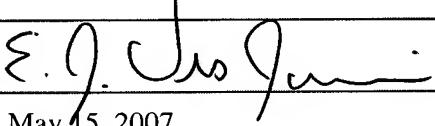
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/536,885
	Filing Date	May 31, 2005
	First Named Inventor	Ebrahim Firoozabady
	Group Art Unit	Unassigned
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	63-000600US

ENCLOSURES (check all that apply)

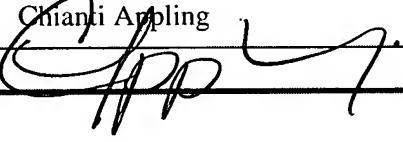
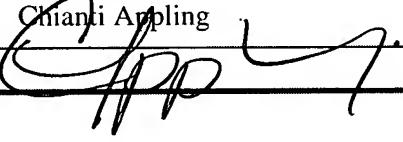
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> PTO-1449 Form <input checked="" type="checkbox"/> Cited References <input checked="" type="checkbox"/> Copy of PCT Intl. Search Report <input checked="" type="checkbox"/> Copy of EPO Supplementary Search Report <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Interview Summary <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Request for Corrected Filing receipt <input type="checkbox"/> Copy of Filing Receipt – marked up <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		<input type="checkbox"/> Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edward J. DesJardins, Ph.D., Reg. No. 51,162, Quine Intellectual Property Law Group, P.C.
Signature	
Date	May 15, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature 		5/15/07	